

# Exhibit J



## 5. Legislative Committee

Ms. Dixon, *chair*  
Dr. Wrubel, *vice*

### a. Overview ..... J

- Chief Deputy Director Awet Kidane and Deputy Director for Legislation Tracy Rhine are guiding and assisting BPM's effort to seek an author for the fee increase
- Mr. Kidane reported February 5 he would seek another meeting with Ms. Rhine and Jim Rathlesberger February 6-8
- We will update the Board and discuss the status of this project at the meeting

### b. Renewal fee increase proposal ..... K

- The legislative language is exhibited
- Senate Committee staff has sent this to Legislative Counsel for bill language, meeting that deadline

February 5, 2013

# Exhibit K

## UNBACKED LANGUAGE

Please amend Section 2499.5(d) of the Business and Professions Code to read:

**2499.5.** The following fees apply to certificates to practice podiatric medicine. The amount of fees prescribed for doctors of podiatric medicine shall be those set forth in this section unless a lower fee is established by the board in accordance with Section 2499.6. Fees collected pursuant to this section shall be fixed by the board in amounts not to exceed the actual costs of providing the service for which the fee is collected.

(a) Each applicant for a certificate to practice podiatric medicine shall pay an application fee of twenty dollars (\$20) at the time the application is filed. If the applicant qualifies for a certificate, he or she shall pay a fee which shall be fixed by the board at an amount not to exceed one hundred dollars (\$100) nor less than five dollars (\$5) for the issuance of the certificate.

(b) The oral examination fee shall be seven hundred dollars (\$700), or the actual cost, whichever is lower, and shall be paid by each applicant. If the applicant's credentials are insufficient or if the applicant does not desire to take the examination, and has so notified the board 30 days prior to the examination date, only the examination fee is returnable to the applicant. The board may charge an examination fee for any subsequent reexamination of the applicant.

(c) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required by this section, shall pay an initial license fee. The initial license fee shall be eight hundred dollars (\$800). The initial license shall expire the second year after its issuance on the last day of the month of birth of the licensee. The board may reduce the initial license fee by up to 50 percent of the amount of the fee for any applicant who is enrolled in a postgraduate training program approved by the board or who has completed a postgraduate training program approved by the board within six months prior to the payment of the initial license fee.

(d) The biennial renewal fee shall be nine hundred ~~ninety~~ dollars (~~\$900~~)(\$990). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(e) The delinquency fee is one hundred fifty dollars (\$150).

(f) The duplicate wall certificate fee is forty dollars (\$40).

(g) The duplicate renewal receipt fee is forty dollars (\$40).

(h) The endorsement fee is thirty dollars (\$30).

(i) The letter of good standing fee or for loan deferment is thirty dollars (\$30).

(j) There shall be a fee of sixty dollars (\$60) for the issuance of a resident's license under Section 2475.

(k) The application fee for ankle certification under Section 2472 for persons licensed prior to January 1, 1984, shall be fifty dollars (\$50). The examination and reexamination fee for this certification shall be seven hundred dollars (\$700).

(l) The filing fee to appeal the failure of an oral examination shall be twenty-five dollars (\$25).

(m) The fee for approval of a continuing education course or program shall be one hundred dollars (\$100).



# Exhibit L



Medical Board of California  
**BOARD OF PODIATRIC MEDICINE**  
2005 Evergreen Street, Suite 1300, Sacramento, CA 95815  
PHONE: 916.263.2647 FAX: 916.263.2651 WWW.BPM.CA.GOV

**LICENSING & MEDICAL EDUCATION COMMITTEE**

Dr. Zapf, *Chair* Dr. Mansdorf, *Vice*

**Overview.....L**

Licensing is running efficiently and is up to date on all statistics, new licenses and renewals. With the BreEZe project in full effect much time and effort has gone into insuring the new system will be a huge asset to staff as well as licensees.

**BreEZe update:**

In the past several months the BreEze project has made big advancements but is still under construction. Due to the extensiveness of the project, the planned Release 1 go-live date scheduled for February 2013 has been postponed with no new expected go-live date. Staff has recently attended training for use of the system.

**APMLE Part III Exam:**

The next part III exam is scheduled for June 5, 2013. Examinees will need to check the APMLE web site for the registration deadline date as it is still to be determined.

**Western University College of Podiatric Medicine**

The Council on Podiatric Medicine Education (CPME), the professional accreditation body for Podiatric Medicine, has granted WesternU College of Podiatric Medicine full accreditation. They are having their first graduating class this year on May 15<sup>th</sup>.

For more information, see <http://prospective.westernu.edu/podiatry/welcome>.

**Licensing**

**Statistics.....M**

**Submitted by:**

Kia-Maria Zamora for  
Christine Raymond  
Licensing Coordinator  
February 2013

# Exhibit M

# **LICENSING STATISTICS BY FISCAL YEAR-2012/2013**

<b>New licenses issued</b>		<b>Valid Active/Inactive licenses*</b>	
1993/94	56	1993/94	1962
1994/95	41	1994/95	1924
1995/96	31	1995/96	1849
1996/97	69	1996/97	1845
1997/98	75	1997/98	1858
1998/99	63	1998/99	1853
1999/00	61	1999/00	1751
2000/01	76	2000/01	1755
2001/02	76	2001/02	1808
2002/03	71	2002/03	1834
2003/04	76	2003/04	1868
2004/05	54	2004/05	1851
2005/06	43	2005/06	1837
2006/07	60	2006/07	1836
2007/08	55	2007/08	1848
2008/09	47	2008/09	1895
2009/10	59	2009/10	1905
2010/11	58	2010/11	1916
2010/12	61	2011/12	1945
2012/13	26 (July 2012 – January 2013)	2012/13	1947

\* fee-exempt categories and residents excluded

Submitted by:

Kia-Maria Zamora for  
Christine Raymond  
Licensing Coordinator  
February 2013

## Licensing

### Primary Status Report as of February 2013

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<b>Lic. Status</b>	<b>E-Permanent</b>	<b>EFE- Fee Exempt</b>	<b>EL- Resident</b>	<b>FNP- Fict. Name</b>	<b>Total</b>
Valid- Active	1905	199	107	386	2597
Valid- Inactive	40				40
Delinquent	121	48	1060	322	1551
Cancelled	1801	219	225	602	2847
Revoked	60	3			63
Deceased	185	59			244
Surrender	38	5			43
Retired	304	166			470
Disabled	67	50			117

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**\* Fee- exempt licensees are retired, military and disabled status.**

Submitted by:

Kia-Maria Zamora for  
Christine Raymond  
Licensing Coordinator  
February 2013

### RESIDENT'S LICENSES (EL) – February 2013

Category	Number of Residents by Year of Training				
	Year 1	Year 2	Year 3	Year 4	Total
PM&S-24	0	0	0	0	0
PM&S-36	34	33	36	0	103
FELLOWSHIP	0	0	0	0	0
ROTATIONS	2	1	1	0	4
<b>TOTAL</b>	<b>36</b>	<b>34</b>	<b>37</b>	<b>0</b>	<b>107</b>

PM&S-24 Podiatric Medicine & Surgery - 24 Months

PM&S-36 Podiatric Medicine & Surgery - 36 Months

ROTATIONS Residency licenses issued to trainees in out-of-state programs participating in California clinical rotations.

Submitted by:

Kia-Maria Zamora for  
Christine Raymond  
Licensing Coordinator  
February 2013

# Exhibit N



NEIL B. MANSDORF, D.P.M., *President*  
KRISTINA M. DIXON, M.B.A.

EDWARD E. BARNES  
KAREN L. WRUBEL, D.P.M.

JOHN Y. CHA, D.P.M.  
MICHAEL A. ZAPF, D.P.M.

## **ENFORCEMENT COMMITTEE**

**Mr. Barnes, Chair**

**Dr. Cha, Vice Chair**

**a. Overview.....N**

The Enforcement Program is running smoothly. Data reports show no significant trend changes. The Medical Board's Sunset Hearings later this year will highlight issues such as the possible transfer of Medical Board investigators to the Department of Justice.

**b. Data Reports.....O**

- **Complaint and Disciplinary Data Report** – This report shows complaint and disciplinary data from FY 04/05 through FY 12/13. FY 12/13 shows year to date data.
- **BPM and MBC Matrix Reports** – These reports show case aging data for BPM and MBC (aged cases are usually a reflection of more complex cases that require additional investigative work.) We and MBC use these as program management tools.
- **Enforcement Performance Measures Report** – This is a DCA report that shows the volume, intake, investigation and discipline data for the most recent quarter.
- **Probation Report** – This report shows all active and tolled probationers as of February 2013, who is monitoring them, and the expected probation completion dates. We just received approval for a new Retired Annuitant Probation Monitor hire, Fred Argosino, a former Medical Board Supervising Investigator, who begins February 2013.

**c. Sample consumer correspondence (information).....P**

Complainants are sometimes but not always satisfied with the outcome of their complaints. Exhibited are two "redacted" examples of how dissatisfied they can be.

Submitted by:

Bethany DeAngelis  
Enforcement Coordinator  
February 2013



# Exhibit O

# COMPLAINT & DISCIPLINARY DATA

FY 12/13 July 1, 2012 - January 31, 2013

Fiscal Year	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Numbers of Licensees*:	2016	2052	2045	2056	2055	2072	2086	2105	2104
Complaints Received**:	147	109	116	104	108	127	90	124	77
Open Cases:60									
Discipline Cases Pending at Attorney General:6									
Licenses on Probation: 17									
Citations and Fines	1	4	1	0	4	4	0	0	1
Cease/desist Letters***	10	5	6	4	5	2	0	0	0
Referred to Attorney General	12	12	13	9	6	9	11	4	3
Referred to District Attorney	0	0	1	0	0	0	0	0	0
Accusations/Petitions to									
Revoke Probation/SOI	9	7	12	8	4	8	8	5	1
Penalty Relief Petitions Filed	1	0	1	1	1	2	1	1	2
Hearings****	4	2	2	5	2	2	2	1	0
Prop. Dec. Non-adopted	0	1	0	0	0	0	0	0	0
Prop. Dec. Adopted	2	1	2	1	2	2	1	0	1
Stipulations Adopted	6	6	9	5	8	5	2	7	3
Probations	4	4	9	5	6	5	2	5	3
Suspensions	1	0	1	2	1	1	0	0	0
Revocations	1	2	0	1	2	1	0	0	1
Surrenders During Prosecution	1	2	0	0	0	1	1	1	0
Public Letter of Reprimand	0	0	0	0	0	0	1	1	0
Other	0	0	0	0	2	0	0	0	0
Criminal arrests/convictions	0/0	0/0	1/0	0/0	0/1	0/0	0/0	0/0	1/0
Temporary Restraining Orders/Interim Suspensions/Automatic Suspensions/PC-23 Orders	1	0	2	1	1	1	0	0	2

\* includes all E & EFE licensees with a status code 10 (E)

\*\* includes multiple complaints against individual licensees

\*\*\* cease and desist letters were discontinued in 2010

\*\*\*\* includes reinstatements, penalty relief petitions, and any other cases heard by an Administrative Law Judge (ALJ)

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AYS:	M O N T H S		Y E A R S		TOTAL
	0-3 (0-90)	4-6 (91-180)	7-9 (181-270)	10-12 (271-364)	
CAT/ CSR/ CSA	17	5			22
CONSULTANT	4				4
EXEC OFFICER					
INVESTIGATION	7	12	7	1	32
AG - PRE	2	1			3
AG - POST	1	1	2		3
** REPORT TOTALS:	30	19	7	1	64

INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.  
CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.  
CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.  
CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

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+LXCP14iso-L  
1  
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y20,10,3250,7,2  
y30,10,3250,7,2  
y40,10,3250,7,2  
y50,10,3250,7,2  
y60,10,3250,7,2  
y70,10,3250,7,2  
y80,10,3250,7,2  
y90,10,3250,7,2  
y100,10,3250,7,2  
y110,10,3250,7,2

AVERAGE NUMBER OF DAYS FOR OPEN CASES AS OF 12/31/2012

FOR: 1B BOARD OF PODIATRIC MEDICINE

CAT/CSR CSA (1) -----	CONSULT (2) -----	EXEC OFFICER -----	INVEST- IGATION -----	---ATTORNEY GENERAL--- PRE (3) POST (4) -----	
58	20	0	254	60	360

BOARD OF PODIATRIC MEDI

\*\*\* AVERAGE AGING CASES CALCULATED USING OPEN CASES ONLY \*\*\*

- (1) INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.
- (2) CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.
- (3) CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.
- (4) CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

REPORT: FD720010  
AGENCY: 6301

MEDICAL BOARD OF CALIFORNIA

NUMBER & STATUS OF OPEN CASES AS OF 12/31/2012

FOR: IDENTIFIERS OF PHYSICIANS AND SURGEONS

PAGE: 1  
DATE: 01/03/13  
TIME: 11:46:37

DAYS:	M		O		N		T		H		S		Y		E		A		R		S		TOTAL
	0-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-39	40-42	43-45	46-48	49-51	52-54	55-57	58-60	61-63		
CAT/ CSR/ CSA	969	172	10	1																		1152	
CONSULTANT	156	1																				157	
EXEC OFFICER																							
INVESTIGATION	357	285	230	166																		1174	
AG - PRE	77	41	18	16																		159	
AG - POST	79	72	66	53																		392	
** REPORT TOTALS:	1638	571	324	236																		3034	

INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.  
CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.

CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

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^Y70,10,3250,7,2  
^Y80,10,3250,7,2  
^Y90,10,3250,7,2  
^Y100,10,3250,7,2  
^Y110,10,3250,7,2

FOR: IDENTIFIERS OF PHYSICIANS AND SURGEONS

CAT/CSR CSA (1)	CONSULT (2)	EXEC OFFICER	INVEST- IGATION	PRE (3)	ATTORNEY GENERAL POST (4)
54	23	0	193	139	329

\*\*\* AVERAGE AGING CASES CALCULATED USING OPEN CASES ONLY \*\*\*

- (1) INITIAL COMPLAINT REVIEWED BY CONSUMER ASSISTANT TECHNICIAN / CONSUMER SERVICES REPRESENTATIVE / ANALYST.
- (2) CONSULTANT REVIEW DURING EVALUATION OF COMPLAINT.
- (3) CASES AWAITING FILING OF ACCUSATION BY ATTORNEY GENERAL'S OFFICE.
- (4) CASES AFTER FILING OF AN ACCUSATION BY ATTORNEY GENERAL'S OFFICE.

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Department of Consumer Affairs  
Board of Podiatric  
Medicine

## Performance Measures

### Q2 Report (October - December 2012)

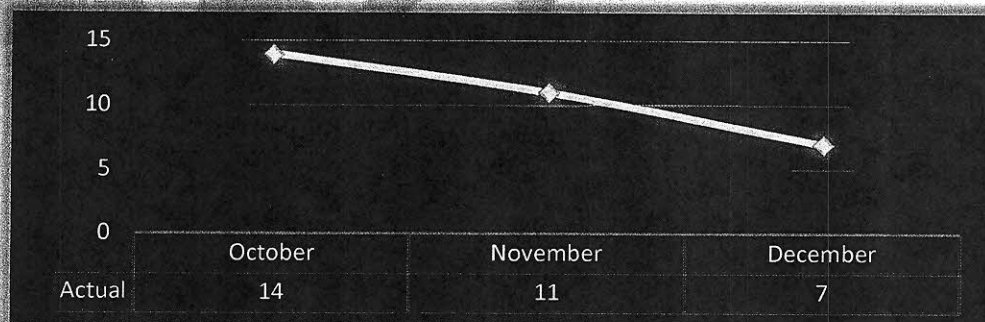
To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

#### Volume

Number of complaints and convictions received.

**Q2 Total: 32**

**Q2 Monthly Average: 11**

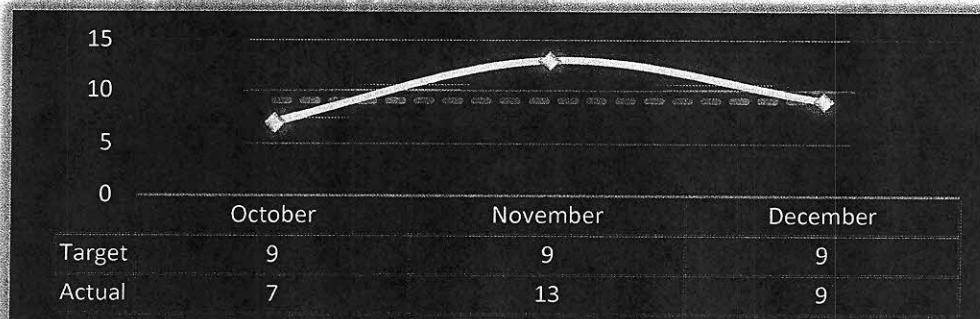


#### Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 9 Days**

**Q2 Average: 9 Days**



## **Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 14 Days**

**Q2 Average: N/A**

*The Board did not handle any probation violations this quarter.*

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**Board of Podiatric Medicine's  
Probation Surveillance Program  
February 5, 2012**

<b>Complaint No.</b>	<b>Subject's Name</b>	<b>Probation Officer</b>	<b>Medical Consultant</b>	<b>Practice Monitor</b>	<b>Status</b>	<b>Completion Date</b>
<b>Active Status:</b>						
1B-2008-189509	Kobayashi, Wesley	Seamons	Wagreich		Active	03/05/13
1B-2009-203969	Hamilton, Mark	Brown	Taubman		Active	10/24/13
1B-2005-163869	Lawrence, Eric	Argosino	Walburg	Labovitz	Active	11/19/13
1B-2004-162844	Graves, Richard	Seamons	Labovitz	Alavy	Active	03/09/14
1B-2007-181509	Servatjoo, Parviz	Brown	Walburg	Walburg	Active	05/08/14
1B-2004-162454	Hernandez, Virgil	Brown	Giacopelli	Wagreich	Active	07/09/14
1B-2008-194027	Subotnick, Steven	Seamons	Bois		Active	08/12/14
1B-2005-169051	Nguyen, Tan	Seamons	Bois	Bois	Active	08/17/14
1B-2009-200359	Redko, Peter	Sherer	Bois		Active	09/14/14
1B-2009-198964	Eng, Steven	Brown	Rosenthal		Active	03/01/15
1B-2008-192098	Nordyke, Randolph	Seamons	Wagreich	Wagreich	Active	04/08/15
1B-2004-162196	Carrasco, Pete	Argosino	Wagreich	PEP	Active	07/02/15
1B-2010-210403	Jones, Franklyn	Seamons	Kaschak		Active	09/20/15
1B-2004-158802	Moy, Richard	Argosino	Labovitz	Taubman	Active	12/30/15
1B-2009-199047	Moussavi, Ramyar	Brown	Rosenthal	Rosenthal	Active	06/29/17
1B-2009-203735	Ahmadi, Matt	Brown	Rosenthal	Rosenthal	Active	10/24/17
1B-2005-167595	Truong, Vinncente	Seamons	Greenwald	Greenwald	Active	07/28/18
<b>Subtotal</b>	<b>17</b>					

Complaint No.	Subject's Name	Probation Officer	Medical Consultant	Practice Monitor	Status	Completion Date
<b>Tolled Status: (Out of State)</b>						
1B-1990-3602	Marek, Neal	Seamons			Tolled	
1B-2000-105396	Salz, Joseph	Seamons			Tolled	
1B-2006-179270	O'Meara, Sean	Seamons			Tolled	
					<b>Subtotal</b>	<b>3</b>
<b>Tolled Status: (In State)</b>						
1B-1990-5979	Metz, Douglas	Seamons			Pended	
1B-1996-64516	Levy, Sherwin	Seamons			Pended	
1B-1995-52592	Weber, Bennie	Seamons			Pended	
1B-2002-133194	Fowler, Morris	Seamons			Pended	
					<b>Subtotal</b>	<b>4</b>

# Exhibit P

**Rathlesberger, Jim@DCA**

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**From:** McGlone, Ian@MBC  
**Sent:** Wednesday, January 16, 2013 2:08 PM  
**To:** Rathlesberger, Jim@DCA; Jose Guerrero; DeAngelis, Bethany@DCA  
**Subject:** RE: Please call Jose  
**Attachments:** [REDACTED]

Jose:

Please see the attached email. While the rest of the file was purged, after Ms [REDACTED] last followed up with us, we established another file on this case. Currently, all it contains is this email chain and a hard copy of the letter dated January 30, 2012 which she both emailed and mailed to us.

Sincerely,

Ian K. McGlone  
Associate Analyst  
Medical Board of California  
[ian.mcglone@mbc.ca.gov](mailto:ian.mcglone@mbc.ca.gov)  
Phone: 916.263.2441  
Fax: 916.263.2435

**From:** Rathlesberger, Jim@DCA  
**Sent:** Wednesday, January 16, 2013 12:50 PM  
**To:** Jose Guerrero; DeAngelis, Bethany@DCA; McGlone, Ian@MBC  
**Subject:** Please call Jose

Ian--please call Jose. Thanx. --Jim  
*Sent from my Verizon Wireless 4G LTE DROID*

[REDACTED]  
[REDACTED]  
[REDACTED]  
Email: [REDACTED]

By e-mail and regular mail

January 30, 2012

Ian K. McGlone  
Associate Analyst, Central Complaint Unit  
Medical Board of California  
State and Consumer Services Agency  
Department of Consumer Affairs  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-3831

RE: The third inquiry for [REDACTED]  
**Unauthorized surgeries and Concealment of my medical records and x-rays**

Central Complaint Unit and Mr. McGlone:

I am providing additional information regarding [REDACTED], DPM—clear evidence of his medical malpractice: **Unauthorized surgeries and Concealment of my medical records and x-rays.**

I want this Central Complaint Unit to, once again, look into the information regarding Dr. [REDACTED] carefully. This Unit should have received a full set of my medical record from Dr. [REDACTED] at the time I requested you to investigate the issues about Dr. [REDACTED]

First, there is evidence that the Dr. [REDACTED] never received an approval from the [REDACTED] Medical Group to do the surgeries on the second toe and second metatarsal of my left foot; however, he performed the surgeries on the second toe and second metatarsal of my left foot. Please read the medical record from the [REDACTED] Medical Group and other medical records of the [REDACTED] Surgery Center that I attached to this letter. I already informed both Healthnet and [REDACTED] Medical Group regarding Dr. [REDACTED] unauthorized surgeries on my left foot. Both were my health insurance companies at that time.

Second, I filed a medical malpractice lawsuit against [REDACTED], DPM, in March, 2010. I requested Dr. [REDACTED] to mail my medical records and X-rays more than 7 times before and after the filing of the lawsuit. However, he concealed a full set of my medical records and x-rays; and,



therefore, I could not properly prepare for the evidence for the trial and I lost the lawsuit (4/25/2011). Dr. [REDACTED] (my treating doctor of Stanford Hospital and Clinics) was going to examine my medical records and X-rays before the trial. Only a few days before the trial, Dr. [REDACTED] mailed the first set of my medical records and X-rays to me, not to Dr. [REDACTED] although I had requested the defendant to mail them to Dr. [REDACTED]. Later, Dr. [REDACTED] provided the second set of my medical record (mostly the content was the same of the first set) on the second day of the trial. In two sets of medical record packages, I found the medical record that showed that the [REDACTED] never approved Dr. [REDACTED] to do the surgeries on the second toe and second metatarsal of my left foot. Without the authorization of the surgeries of the second toe and second metatarsal, Dr. [REDACTED] performed both surgeries. Dr. [REDACTED] produced complications and unbearable pains to my left foot. As I already explained in my previous complaint letter, Dr. [REDACTED] ignored my complaint regarding the complications and pains, although I had repeatedly explained to him about the pains continuously after I received his surgeries; and I sought the remedies from Dr. [REDACTED] to remove the pains. Since I was not getting any proper answers from Dr. [REDACTED] I looked for a new doctor, and found Dr. [REDACTED] (Stanford Department of Orthopaedic Surgery); and he removed the pains.

Both the first and second packages of the medical records and X-rays (that I received two days before and during the trial) did not include the side views of X-rays of my left foot prior to the surgeries by Dr. [REDACTED]. The side views are crucial. As of today, I still do not have the side views of the x-rays of my left foot prior to the defendant's surgeries. Dr. [REDACTED] suppressed evidence of his medical malpractice so that I would not have had the strong evidence of his malpractice.

Is it a patient's right to receive his or her medical records right away upon the patient's request? This fact alone should indicate the medical malpractice of [REDACTED] DPM.

Although he did not provide me with my medical records right away AND he is still concealing the side views X-rays of my left foot, he had provided my medical records to his defense counsel without my permission.

Dr. [REDACTED] act is willful and he is covering up his medical malpractice. I lost the lawsuit and I recently received \$16,200.00 judgment against me. The Medical Board of California should consider that his conduct is a criminal.

I would like to receive your reply as soon as you can.

Regards,

[REDACTED]

**Rathlesberger, Jim@DCA**

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**From:** McGlone, Ian@MBC  
**Sent:** Wednesday, January 16, 2013 2:09 PM  
**To:** Jose Guerrero (jose.guerrero@doj.ca.gov); Rathlesberger, Jim@DCA; DeAngelis, Bethany@DCA  
**Subject:** FW: Regarding [REDACTED] DPM

Jose: Below is her response to my email sent on 05/17/2012.

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**From:** [REDACTED]  
**Sent:** Thursday, May 17, 2012 5:10 PM  
**To:** McGlone, Ian@MBC  
**Subject:** Re: Regarding [REDACTED] DPM

Dear Mr. McGlone:

According to your emails and letters since 2010, you did not receive enough information from Dr. [REDACTED] and your organization concluded there was no malpractice in his part. That is very strange. He could hide his malpractice as much as he wanted and you will let him go.

I will move this issue to the higher level. There is no time limit for a doctor's malpractice who did not provide medical records to his or her patient who was entitled to receive in a certain time.  
I will write a letter to President Obama.

**The California Health & Safety Code Section 123100** regarding to the patient's access states:

The Legislature finds and declares that every person having ultimate responsibility for decisions respecting his or her own health care also possesses a concomitant right of access to complete information respecting his or her condition and care provided.

Regards,

----- Original Message -----

**From:** McGlone, Ian@MBC  
**To:** [REDACTED]  
**Cc:** DeAngelis, Bethany@DCA  
**Sent:** Thursday, May 17, 2012 3:38 PM  
**Subject:** RE: Regarding [REDACTED], DPM

The complaint you filed against Dr. [REDACTED] [REDACTED] has been purged from our file room.

All we have left of the file is an electronic entry in our internal database. This reveals that a closing letter was sent to you in this case on 06/01/2010. Subsequently, you appealed the Board's findings and another closing letter was sent to

you on 10/01/2010 instructing you that the file would remain closed and no further review would take place. On 05/25/2011 the physical file was purged. As a result, no further review may take place.

I regret we are unable to be of any further assistance.

Sincerely,

Ian McGlone  
Associate Analyst  
Medical Board of California  
[ian.mcglone@mbc.ca.gov](mailto:ian.mcglone@mbc.ca.gov)  
Ph. 916.263.2441  
Fax. 916.263.2435

---

**From:** [REDACTED]  
**Sent:** Thursday, May 17, 2012 3:23 PM  
**To:** McGlone, Ian@MBC  
**Subject:** Fw: Regarding [REDACTED] DPM

Mr. McGlone:

I hope you are doing well.

I would like to know if your department had done any more investigation and found anything you can do about Dr. [REDACTED]

As I stated in my previous letter, Dr. [REDACTED] performed the surgeries to the second toe and second metatarsal of my left foot that were not authorized by [REDACTED] Medical Group (my insurance company at that time). He created the complications and, because of that, he concealed my medical records and x-rays. Mr. [REDACTED] his defense counsel, lied through the litigation proceedings. I am about to submit an accusation to the Supreme Court. I will move this issue all the way up to the US District Court if I need to do so. Dr. [REDACTED] had ruined my life completely and I had a life-threatening experience by his defense counsel. Their acts are criminal in nature.

Please let me know where you are.

Regards,

----- Original Message -----

**From:** [REDACTED]  
**To:** Ian McGlone  
**Sent:** Tuesday, January 31, 2012 10:27 AM  
**Subject:** Regarding [REDACTED], DPM

Dear McGlone:

I sent my letter (attached to this email) to you by regular US mail yesterday.  
I hope that you re-open the issues regarding Dr. [REDACTED]

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## Rathlesberger, Jim@DCA

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From: [REDACTED]@gmail.com>  
Sent: Wednesday, February 06, 2013 8:42 AM  
To: Rathlesberger, Jim@DCA  
Subject: Your expert consultant

Dear Mr. Rathlesberger,

A little internet research turned up some of your "expert consultants." Is THIS perhaps the one who made the determination in my son's case? If so, that would explain everything: he is nothing more than another crippling charlatan and a whore for the podiatry business. I will spend the rest of my life petitioning the legislature to for more restrictions on podiatrists and better legal and administrative recourse.

[http://www.yelp.com/biz/\[REDACTED\]-dpm-oakland-2](http://www.yelp.com/biz/[REDACTED]-dpm-oakland-2)

From 2007: "He billed my insurance for a procedure he did not do. He also **made mistakes that made me go through to hospitalizations and surgeries**. When I was **left with unbearable nerve pain from his mistake**, he dumped me. He also posts on his wall checks from sports figures and such to show that he treated these high profile people. He also puts on his wall pictures of Movie Stars so you would think that he helped them."

From 2008: "I was young and **didn't understand the seriousness of the surgery that he preformed**. Well, that is until it was too late. I went into the office complaining that I have way too many ankle sprains, and a flat foot problem. His solution? Surgery!!! Again, back to my young and dumb comment above - I had the surgery... what was it??? He suggested that I had a shortened Achilles tendon and that he would like to go in and slice it up to lengthen it and then he would like to put a rod in my ankle to fix my flat foot problem... close to 4 years later... i still cant walk without a limp... while the day before, I was able to climb a mountain, play tennis, and run 5 miles."

From 2009: "Terrible. Not only have I been to see this guy, but a couple of my friends have since he's the favorite of several HMOs. He is awful, arrogant, **surgery-happy** and his waiting room is overcrowded and appointments never run on time. I went to him, he recommended surgery. I went to another podiatrist who took a much more conservative approach and who actually ordered an MRI to see what was going on with my tendon. DO NOT go to Dr. [REDACTED]"

From 2011: ""Creep! Stole my bones and my money!!! Can't wear high heels ever again, can't ski and feet hurt every darned day. Wished I'd never met you! Get an Orthopedic Surgeon. Something this guy thinks he is but will never measure up to. Please check his lousy medical records before having surgery!!!"

And these have particularly familiar aspects:

"Very simply, **he crippled me!**

I went to him with minor pain and, after waiting over an hour, he gave me a cursory exam; didn't seem to want to listen to what I had to say; and prescribed an operation for a "bone spur" that didn't really solve the problem that was lower in the foot than where he operated.

Foolishly going on my GP's recommendation and his reputation as "doctor to the stars," I went back again two years later. This time he prescribed another operation; got another doc in on the procedure (perhaps to up his volume--I was the eleventh surgery he did that day); told me I should be off crutches in a week . . . and now, over a year later, I'm still on crutches."

"An absolute nightmare experience! He recommended two surgical procedures, saying one was "necessary" and the other was "recommended." I chose the "necessary" one, he assured me that he had performed the procedure several times...

At my pre-appointment meeting, it became clear that he had scheduled the wrong procedure, and was planning on giving me the "recommended" rather than "necessary" procedure. Looking back, i should have walked out the door then. When i corrected him, he said, "Sure, we could do that if you want," a little red in the face. Based on what he said about how necessary the procedure would be, i went ahead with it, as my insurance policy was set to run out.


Coming out of the surgery, the first thing out of his mouth was, roughly paraphrased, "Wow, that was hard--I've **never done that before**." Prior to surgery, he had told me recovery time would be 3 days, during which i would still be able to walk in a boot. After surgery, he told me i needed to stay in bed for two weeks straight, and stay on crutches for months--not a cool revelation for a busy student in the middle of a semester.

But this isn't even the worst of it. **His decision-making with regards to the surgery was inexplicable**--my foot no longer lies flat, for one thing--and there are prominent scars and redness to this day. i had constant pain for years and now, 9 years later, i have it with

almost any kind of exercise or work done while standing.

***I went in to this doctor to ask about an occasional, manageable pain i had been feeling after long walks, and about how i could best preserve my foot so that i could continue to be athletic--my joy in life. i left with him telling me to try to stand as little as possible--for the rest of my life! yes, he said that. the rest of my life!***

The icing on the caked was how his office lost the paperwork and x-rays for this procedure "in a flood." now no other doctors can see exactly what he did. He also flags bad reviews about his office for deletion, apparently. Consider yourself warned!"

  
Foot Surgery Nightmare

STATE CAPITOL  
P.O. BOX 942849  
SACRAMENTO, CA 94249-0004  
(916) 319-2004  
FAX (916) 319-2104

DISTRICT OFFICE  
1700 EUREKA RD., STE. 160  
ROSEVILLE, CA 95661  
(916) 774-4430  
FAX (916) 774-4433

Assembly  
California Legislature



BETH GAINES  
ASSEMBLYWOMAN, FOURTH DISTRICT

COMMITTEES  
VICE CHAIR: ARTS, ENTERTAINMENT,  
SPORTS, AND INTERNET MEDIA  
HOUSING AND COMMUNITY  
DEVELOPMENT  
INSURANCE  
WATER, PARKS AND WILDLIFE

November 9, 2012

[REDACTED]  
[REDACTED]  
[REDACTED]  
Dear [REDACTED]

Thank you for contacting my office regarding the horrendous situation you are having concerning your case with the California Board of Podiatry. I appreciate being made aware of your circumstances and regret the challenging situation you are dealing with.

The legislative session has concluded and the deadline for introducing legislation has passed. However, I have found your insight into your situation very valuable and will keep your request on file for future consideration.

[REDACTED] I regret that I cannot be of more immediate assistance in this matter, but trust this information is beneficial to me.

Again, thank you for taking the time to contact my office. Please do not hesitate to communicate with me in the future on any state-related matters of importance to you.

Best regards,

A handwritten signature in black ink, appearing to read "B. B. Gaines", written in a cursive style.

BETH GAINES  
Assemblywoman, 4th District



**MEDICAL BOARD OF CALIFORNIA**  
Central Complaint Unit



December 10, 2012

[REDACTED]

Regarding: [REDACTED], DPM  
Control Number: [REDACTED]

Dear [REDACTED]

This is in response to your letter dated August 9, 2012 expressing dissatisfaction with the Board of Podiatric Medicine's decision regarding your complaint. You indicated that you felt the Board had not adequately evaluated your complaint of substandard medical care by Dr. [REDACTED]

When evaluating complaints that allege that the quality of care provided by a podiatrist was inadequate (as yours did), the Board must be able to substantiate that the podiatrist's conduct deviated (or departed) from the "standard of practice of medicine" in order to establish a violation of the Medical Practice Act (within the California Business and Professions Code).

The Board is authorized to take administrative action (also called disciplinary action) against the license of any individual podiatrist the Board finds to be in violation of the Medical Practice Act. However, California law imposes a very high burden of proof upon the Board by requiring that we establish "clear and convincing evidence" that a violation of the law occurred before pursuing administrative action. This is a higher standard of proof than that of most civil proceedings, including malpractice lawsuits, which only require a "preponderance of the evidence". "Clear and convincing evidence" is only slightly less rigorous than the "beyond a reasonable doubt" standard required in criminal proceedings. Consequently, the Board must have more compelling evidence to initiate disciplinary proceedings against a podiatrist than a patient must have to bring a successful malpractice suit against a podiatrist.

Your complaint was reviewed by a podiatric medical consultant and then it was forwarded onto the Medical Board Sacramento District Office for further investigation. After the case was forwarded for investigation, you were personally interviewed by an investigator on August 11, 2011. Our investigator performed a series of other interviews, including one with your son. All the pertinent medical records were obtained.



All of the relevant materials were reviewed by an expert consultant for the Board, who determined that Dr. [REDACTED] had departed, with one act of simple negligence, from the standard of care in how she handled your son's pain management. An educational letter was sent to her. However, this one simple departure does not constitute repeated negligent acts or gross negligence, that would allow the Board to pursue disciplinary action under the Medical Practice Act.

On August 9, 2012, you provided an appeal to the Board's final decision. All of the material you provided in this correspondence was reviewed by the Board's expert consultant. After the review, the final disposition of this case remains the same.

The expert consultant has found the one same simple departure from the standard by Dr. [REDACTED] and the Board has again determined that this does not constitute grounds for disciplinary action under the Medical Practice Act, which requires findings of repeated simple negligence or at least one finding of gross negligence.

Therefore, this case will remain closed. This material will be maintained on file with the Board, should similar allegations arise in the future that, along with your complaint, may constitute grounds for disciplinary action.

Thank you for contacting the Medical Board of California / Board of Podiatric Medicine. We regret we are unable to be of further assistance.

Sincerely,

  
Jim Rathlesberger  
Executive Officer  
Board of Podiatric Medicine

December 13, 2012

Mr. Jim Rathlesberger, Executive Officer  
**Board of Podiatric Medicine**  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815

Re: [REDACTED], DPM,  
Control No. [REDACTED]

Dear Mr. Rathlesberger,

Thank you for your letter of December 10, informing me of the Board of Podiatric Medicine's October decision regarding my complaint against Amy [REDACTED]. The finding of the Board's "expert" consultant—another podiatrist—changes neither the compelling evidence nor our belief—and that of an equally respected podiatrist and every *medical* doctor we have since consulted—that [REDACTED]'s "experimental" surgery was a travesty and a clear departure from any reasonable standard of care. Additionally, her response to her experiment's failure and to our concerns about her prescribing practices was both arrogant and cavalier. No doubt she was devastated by the "educational letter."

Before filing this complaint, I queried *numerous* malpractice attorneys. As any would explain, the \$250,000 cap on general damages and the \$100,000 cost of a typical trial make this and many other "good" medical malpractice cases in California economically impossible for attorneys and ordinary citizens to pursue. Therefore, your statement, "...the Board must have more compelling evidence to initiate disciplinary proceedings against a podiatrist than a patient must have to bring a *successful malpractice suit against a podiatrist*," is misleading and only emphasizes California's **total lack** of either a legal remedy or any effective regulatory protection for victims like my son. As a recent *Los Angeles Times* investigation found, the Medical Board "has **repeatedly failed to protect patients** from reckless prescribing by doctors." Protection of patients by the Board of Podiatric Medicine clearly is equally lacking, if not more so.

Henceforth, I am resolved to contribute in any way possible to change the rule that allows a single consultant to shut down a complaint and year-long investigation that Board staff and investigators clearly found to have merit and the laws that make health care providers a privileged class in California. Enclosed is the introduction to a blog I have created to publicize the Board's decision in this case. I have sent it to my State Assembly Member, who sent a personal response stating that my insights and information are useful to her and that she will keep my offer of volunteer time on file. I intend to send this information and offer to every other legislator in California.

Sincerely,

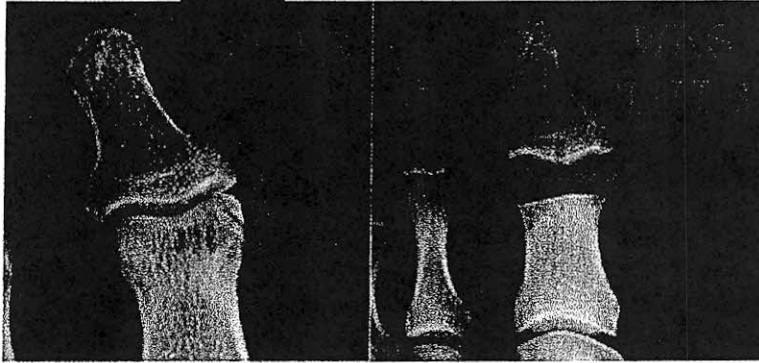
[REDACTED]

# A Foot Surgery Nightmare

Approved by the California Board of Podiatry

THIS IS THE STORY...

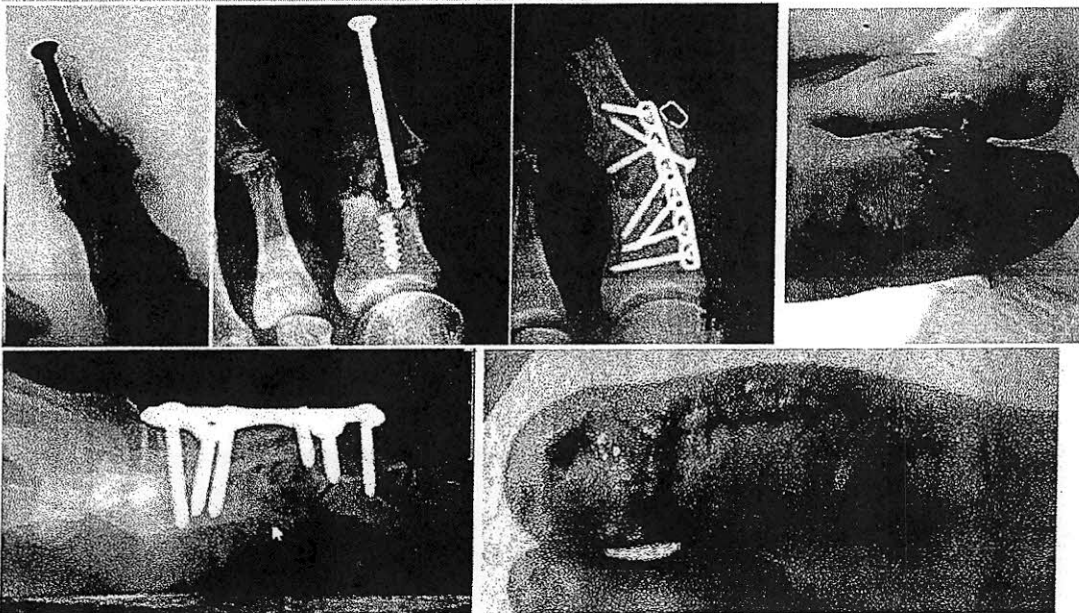
...OF HOW THE ONLY RECOMMENDED TREATMENT FOR



...HOW THE TREATING PODIATRIST THEN PRESCRIBED OVER 1300  
NARCOTIC PILLS IN 90 DAYS



...HOW IT TOOK FOUR MORE SURGERIES (SO FAR) TO REPAIR  
THE DAMAGE



...AND HOW THE CALIFORNIA BOARD OF PODIATRY DETERMINED  
THAT THE INITIAL, UNPRECEDENTED SURGERY DID NOT  
SIGNIFICANTLY DEPART FROM THE STANDARD OF CARE

Read the full story at [www.](http://www.)

# Exhibit Q

*On advertising the position*, there will be dozens of applicants for the Board to review and select those meriting serious and then final consideration. The new executive will need to lead preparation of a sunset review report and also aid development of reforms from the CPMA-CMA-COA-OPSC task force, as BPM did with regard to AB 932 of 2004.

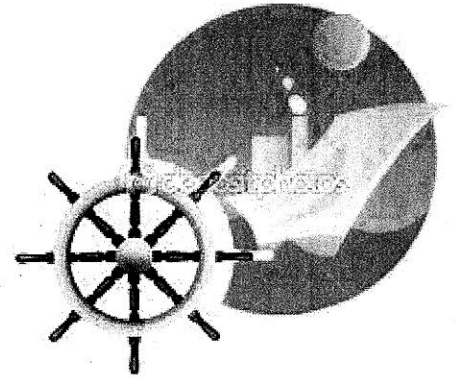
### Timeline

#### **2013 Planning** (Members & staff)

2014 Initiate recruitment in January for July start date

2015 Preparation & submission of Sunset Review Report

2016 Sunset Hearing and Legislation



### Desirable Qualifications

This is a CEO-defined position requiring incumbent to accept accountability for all aspects of BPM programs.

- Master's degree in related field (e.g., public policy, administration, political science)
- Experience as an executive officer or assistant executive officer
- Experience with Board-Staff relations
- Experience licensing doctors
- Experience with administrative law (meetings, regulations, enforcement)
- Experience evaluating higher education curriculum, reviewing medical education
- Experience with physician discipline
- Experience with Sunset Reviews
- Experience with Legislative & Executive Branches
- Strong oral & written communication skills, experience with media relations, testifying before legislature, court testimony
- Experience managing challenged budgets and fund conditions
- Commitment to BPM Strategic Plan goals & objectives, and governance policies

### Considerations

- Knowledge of podiatric medical issues and organizations
- Commitment to continuing competence
- Commitment to primary source verification
- Demonstrated ability to manage all aspects of a multi-faceted agency with minimum staff and no assistant managers/supervisors
- Experience in complex organizations
- Mindful of small board challenges and issues
- Experience evaluating medical licensing exams
- Strategic leadership ability to position BPM for success
- Collegial, cooperative, consultative approach facilitating coalition building
- Political, public policy, management and leadership experience, insight and judgment to complement the professional contributions of Members and staff
- Ability to foresee and navigate challenges and opportunities in external environment
- Analytical education and experience

